FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidata (in full) Michael J Rogers		
(b) Address (number and street)	2. Identification Number リュルエ かわり	
(c) City, State, and ZIP Code	HOMI 8542.	
Bri-with, Net 48116	3. Is This grap New goes Amended Statement (N) OR 3 (A)	
A Pach Stillation	:! of Candidate	
Republican U.S. House & Representatives	MT 08	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE		
7 I hereby designate the folkowing named political committee as my Principal Cempaign Committee for the <u>ZOO X</u> election(s) (year of election)		
NOTE: This designation should be filed with the appropriate office listed in the instructions.		
(s) Name of Committee (in full)	1.04512 101 O41 14 C32	
P.O.Box 581	·	
(b) Address (number and street)		
Brighton, MIT 48116		
(c) City, State, and ZIP Code		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES		
(Including Joint Fundralaing Representatives)		
 I hereby authorize the following named committee, which is NOT my principal campaign committee, which is NOT my principal campaign committee. 	ittee, to receive and expend funds on behalf of my	
NOTE: This designation should be filed with the principal campaign committee,		
(a) Name of Committee (in full)		
(b) Address (number and street)	 	
(c) City, State, and ZiP Code		
DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)		
 t intend to expend personal funds succeeding the threshold smount (see 11 C.F.R. 400 9) by പ്രദേശം പ്രവേശം പ്രവേശം		
9A ()	for the primary election, and	
ါကလာမ်းသည်။ အမြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မ မူတာမေးများသည်များသည့် ကိုလည်းမောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြောက်မြေ	for the contract of the state of	
9B O O O O O O O O O O O O O O O O O O	for the general election.	
If you do not intend to expend personal funds exceeding the threshold amount for either election	n, you must enter "0.00" for each.	
t certify that I have examined this Statement and to the best of my knowledge and t	belief it is true, correct and complete.	
Signature of Candidate	ate a ?	
was look	5/19/07	
NOTE: Submission of false, erroneous, or incomplete information may subject in person signing this Statement to penalties of 2 U.S.C. §437g		
EMNOS POF	FEC FORM 2 (REV 02/2008)	

Federal Election Commission **ENVELOPE REPLACEMENT PAGE** FOR INCOMING DOCUMENTS

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Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
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